Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	Record Type	1	2	9(02)	Required. Must be 55.
2	Reporting Organization	3	2	X(02)	Required. Edit with RO/Company table.
3	Agent Directory State	5	2	99	Required for all records. Must be a valid FIPS state code for directory state. Must submit one record for each state serviced.
4	Active Flag	7	1	X(01)	Required for all records. Must be: Y = Yes, Active N = No, Inactive
5	Inactive Date	8	8	X(08)	If field #4 = N, then this field cannot be blank. Must be: MMDDCCYY format.
6	Filler	16	2	X(02)	Must be Spaces.
7	Reinsurance Year	18	4	9(04)	Must be 2001 for the 2001 Reinsurance Year.
8	Type of ID Code	22	1	X(01)	Required for all records. Must be: A = Agent U = Unlisted Agent
9	Agent ID Code	23	9	X(09)	Required for all records. Must be left justified. Must be for certified MPCI agent. An agent-id can only reference one SSN.
10	Agent Last Name	32	20	X(20)	Required for all records. Last name of the agent. Must be left justified beginning in the first position.
11	Agent First Name	52	12	X(12)	First name of the Agent. Must not be blank. Must be left justified beginning in first position.
12	Agent Middle Name	64	10	X(10)	Middle name of the Agent. Must be left justified beginning in first position.
13	Agent Suffix	74	5	X(05)	Name suffix of the Agent (i.e. Sr, Jr, etc.) Must be left justified beginning in first position.
14	Agent Title	79	4	X(04)	Name title of the Agent (i.e. Dr, Mr, etc.) Must be left justified beginning in first position.
15	Agency Name	83	35	X(35)	Required for all records. Business name of agent's location. Must be left justified beginning in first position.
16	Agent Address	118	35	X(35)	Required for all records. Must be left justified beginning in first position. Enter location or street address of agent office. Do not enter post office box.
17	City	153	35	X(35)	Required for all records. Must be left justified. If state code eq "ZZ", enter foreign city and country.
18	Address County	188	3	999	Required for all records. Edit with county table. Must be valid for zip code submitted for record.

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
19	Address State	191	2	X(02)	Required for all records. Must be valid alpha state abbreviation for the zip code submitted for the record. If foreign country state enter "ZZ".
20	Zip Code	193	5	9(5)	Required for all records. Must be a valid zip code. Must be zeros if state eq "ZZ".
21	Zip Extension	198	4	9(4)	Zero, if unknown.
22	Filler	202	6	X(06)	Must be Spaces.
23	Phone Number	208	10	9(10)	Required for all records. Must be left justified with no hyphens, parentheses, or special characters.
24	Phone Extension	218	6	X(06)	Must be left justified beginning in first position.
25	File Retention Flag	224	1	X(01)	Enter "Y" if Agent retains the official file folder for the policy serviced; Enter "N" if not.
26	M-14 Review Flag	225	2	9(02)	Must be: 00 = Not Selected for review. 01 = Mandatory Spot Check 02 = Mandatory Tolerance Spot Check 03 = Tolerance Spot Check 04 = Random Spot Check 05 = Discretionary Review
27	Filler	227	23	X(23)	Must be Spaces.
28	Agent SSN	250	9	9(09)	Valid SSN required for all records. SSN for the certified agent. Required for A/O expense reimbursement at annual settlement R&D-97-043.
29	Agent Directory County	259	3	9(03)	Required for all records. Must be a valid FIPS county code for directory county. Must submit one record for each county serviced. Used to facilitate Agent Directory.
30	Filler	262	73	X(73)	Must be Spaces.
31	SSN Validation Flag	335	2	X(02)	Internal Use. Positions 333 - 334 will contain the SSN validation flag.
32	Ineligible Tracking Validation Flag	337	8	X(08)	Internal Use. Reserved.
33	Filler	345	206	X(206)	Must be spaces.

(AGENT DATA - TYPE 55)
Format/Edits

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
34	FCIC Control Time	551	4	9(04)	Internal Use. The time the transaction batch file was received. (From when transmission started) HHMM Format.
35	FCIC Control Date	555	8	9(08)	Internal Use. The date the transaction batch file was received. (From when transmission started) MMDD CCYY Format.
36	Reinsurance Year	563	4	9(04)	Internal Use. The Reinsurance Year. CCYY format.
37	Batch Number	567	4	9(04)	Internal Use. The sequential number identifying the file that was submitted by the RO to FCIC/RMA.
38	Transaction Sequence Number	571	8	9(08)	Internal Use. The sequential number assigned to each transaction number processed by DAS after it has been sorted.
39	Transaction Rejected Flag	579	1	X(01)	Internal Use. Reserved.
40	Transaction Source Flag	580	1	X(01)	Internal Use. Reserved.
41	Filler	581	20	X(20)	Internal Use.

Notes: Key fields are - Reporting Organization, Agent Directory State, Agent SSN, Phone Number, Agent Directory County.

Only 1 record will be accepted for each key combo.

A 55 record must be accepted for the RO, List State and Agent SSN before an 11, 13, 14 or 18 record will be accepted.

If field 4, Active Flag = Y and field 8, Type of ID Code = A, the record will be included in the creation of the agent directory.

If field 19, Address State = field 3, Agent Directory State the record will be used in the resident listing. If the Address State is not equal to the Agent Directory State the record will be used for the non resident listing.

Address and Phone Number are critical for referring potential clients. For this reason, the address field validation will reject post office box addresses and the phone number field must contain a valid phone number.

Do not include punctuation in name fields, except for apostrophes and hyphens in the last name field.

Only report licensed and/or certified agents who are actively participating in the delivery of FCIC approved products. Records submitted for others will be deleted.

For multiple records with same SSN all name fields must be exactly the same by RO.